

Leadership, Management and Enterprise Dissertation

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2019

Author Note

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Introduction

This essay is about the application of leadership skills, management principles and enterprise concepts in the implementation within a large health organization of an evidence-based change in nursing practice. The context of this case is a child a relative of the director of the Clinic with asthma admitted urgently on an adult ward. The patient waits for transfer to a pediatric ward.



Figure 1. (“Image: How to make your home safe for a child with asthma or allergies ...”, 2019/05/19/)

During the stay on the adult ward it was not quality care. There was a long waiting time (Pillay, et al., 2011/09/06/) before treatment reached the patient. I would like to suggest an alternative that would provide treatment sooner.

The problem was due to a dysfunction in pharmacy, nursing and portering department. I might have been completely wrong because nurse perception of delivery time of pharmacy medication does not match reality (“Nursing and Pharmacy Team Up to Improve Medication Delivery Process”, 2017/05/23/a). For the child, family and relatives it was a different matter they did not need any statistics or evidence they knew they were waiting.

Inquiring

Being an idealist and asking a series of pertinent questions might be a way to isolate the problem, finding the cause and even getting an idea of the path to a realistic solution is a way forward. Questions a leader, manager, nurse should ask the group to work on:

1. What is the problem?
2. Who is having a problem with it?
3. Who is concerned with it?
4. Who can solve it?
5. What are the effects of the problem?
6. Is it a priority?
7. Should there be any attention to the problem at all?
8. Is there a need to solve it?
9. Can a solution be visualized?
10. Is there satisfaction when the problem is solved?
11. What action should be taken?
12. Can the problem be ignored?
13. Should the ethics committee be made aware of this?

As this dissertation converges to a practical solution I hope to answer some to these questions.

The Problem Statement and background

In Mauritius physicians have consultation rooms in many towns and villages. One physician may have multiple consultation rooms all over the island. The physician uses one geographical area on Monday afternoons and other geographical areas on Thursday mornings or on any other days. So that they have a presence in many places, villages, towns and cities, where people can access their specialities.

Patients visit them and get examinations and medicine prescriptions. Often when patients need admission for treatment or surgery the physician calls a clinic and books a bed for the patient and has them admitted. In the clinic the physician working on the ward, the resident physician takes instructions from the physician sending the patient to the clinic. This is a normal standard admission procedure. The patient calls at A and E and goes through the admission process and is admitted for surgery and/or treatment.

Sometimes an outside physician contacts the bed allocation officer. The physician wants to know if there is a vacant bed. The patient then arrives in the ward with the physician's letter and waits in the lounge for admission. Now a very different situation arises. Because the normal admission process has been bypassed the situation is now more complicated and time-consuming. The patient ID is not available on the Clinic Information System CIS until after registration.

This patient has no ID yet. Nothing can be done for the patient because every thing done for the patient is recorded on the CIS with the patient ID. The relative accompanying the patient also waiting in the lounge goes to the admission office with National identity card to submit a) means of payment such insurance policies or cash and, b) to sign the admission paper. At the admission office, the relative queues up until served. In the meantime the patient is untreated and is waiting in the lounge. If it is a child with asthma or any other condition that does not require Intensive Care Admission, the child or patient does not get any treatment until the CIS can be accessed with a patient ID.

In the meantime the nurse doing the ward admission for the child collects the twenty or so forms and places them in a paper folder for this patient with the physician's name on the folder. The patient and other relatives are waiting in the lounge. Then a bed is found for the patient. The physician who has sent this patient arrives, attends to the patient, fills in the prescription and leaves the clinic to see another patient. This patient is still waiting for medical treatment in bed with a relative sitting at the bedside.

The nursing supervisor visits the ward, is hot-tempered about why this patient is not getting the treatment. The welfare officer visits all patients and complains that the patient pays for

getting relief in a clinic. Why is this patient not on the prescribed medications? Why is there no medication on the ward for the patient? This is a private clinic the patient buys things, everything during the patient stay. Nurses time, physicians time, catering time, surgery time and more. At this time there is only bed time for this patient. There is nothing else. The patient is waiting.

When the relative completes the admission process at the admission office then and only then the patient has an online ID. Only at this time can the nurse admitting the patient put an order for medical supplies that the physician has requested and order the prescribed medicines.

Often borrowed medications leftovers, not given to patients are collected in a box that nurses use to solve this problem. Often the required medication is not in the box. These medications were paid for by other patients but not returned to them or cannot be returned to the pharmacy for resale. In this way many patients get medications that the pharmacy has not supplied and in case there is a reaction to that batch of medicine the patient cannot claim damages because these medications were never issued by the pharmacy to this patient. The patient is waiting comfortably in bed with a relative sitting besides. The relative has not yet complained.

If a workstation is free then the nurse indents the medical supplies for this patient, iv lines, needles, syringes, x rays, pediatric dextrose saline, medicines, tubes for blood samples, meals, and drinks. The patient is waiting in bed. The nurse goes to the patient, takes the vitals, asks questions, fills in the forms and has the consent form signed by the responsible party. The patient is waiting so are the relatives, no treatment given yet. No complaint heard yet.

The pharmacy staff reads the online request, takes the medication out of stock and places them in a basket in the supply delivery room. And writes a note on the CIS system, supplies is available for pick up. The patient is waiting. Often the relative is sick of waiting, calls the physician. The physician calls the resident physician, the resident physician calls the nurse and tells the nurse why the patient is waiting for medication and medication time is already gone.

The nurse reads the delivery note on the CIS when the workstation is free. The patient is waiting. The chief nursing officer calls and wants to know why the patient has not yet received

treatment, the patient is a relative of the Director of the Clinic and is admitted as a very important person - VIP. VIP rooms are all occupied at this time.

The nurse goes from the 4th floor to the ground floor to collect the medical supplies. The patient and relative is waiting. There is one nurse on the ward for a group of patient. The nurse asks another nurse to keep an eye on some patients in the nurse care while the nurse fetched the medical supplies, not for just one patient, but for the other patients too.

If there is a queue at the delivery point, which is the case most of the time, then the nurse queue up too. Meanwhile the patient is waiting with the family, the relatives and the friends. All the departments take their supply from one and only one delivery point. Each medication is double-checked and signed for. Some unused medications are also returned before a patient is discharged and those supplies are deducted from the bill by the finance officer who issues clearance for patient discharge. This adds to the time for processing medical supplies.

When it is the nurse's turn, nurse checks the supplies and signs for collecting them. Then the nurse walks back to the fourth floor and arranges the supplies in the patient box. The patient supplies is on the ward for use. The nurse begins treatment. The patient is waiting for the treatment to have its desired effects. The family is waiting the relative is gone. The medication is working. The patient is getting relief at last. So the long wait is a problem (Lee, 2019) ("Wait Times, Patient Satisfaction Scores, and the Perception of Care", 2019/05/23/),, how could this problem be addressed?

Search Similar Situations

I might proceed by doing a search online for solutions to this kind of problem, not clinical, not ethical, not administrative, not medical, a humane problem that exists in other services and discover what solutions were tried, worked or failed. Parts of the results might contribute to a solution I found online. Such as the following:

- 1) Tug.
 - 2) An example of pharmacy Processing.
 - 3) Waiting.
 - 4) Nursing Pharmacy Team Up.
 - 5) Eportering.
- Putting them together might provide a solution.

Databases

Databases are collections of data that can be searched using Boolean operators and queries. I may search databases, relevant academic ones for solutions to the problem stated (“The best academic search engines [2019 update] - Paperpile”, 2019/04/17/).

For example:

- a) Ebscohost (“EBSCOhost Login”, 2019/05/04/)
- b) Base (“BASE (Bielefeld Academic Search Engine): Basic Search”, 2019/05/16/)
- c) Google Scholar (“Google Scholar”, 2019/05/04/)
- d) PubMed (“Home - PubMed - NCBI”, 2019/05/02/)
- e) Microsoft academic (“OHP-003 Drug shortages in hospital pharmacy: The causes and the consequences | Paper | Microsoft Academic”, 2019/05/02/)
- f) Core (“Search CORE”, 2019/05/16/)
- g) Science Gov (“Science.gov: USA.gov for Science - Government Science Portal”, 2018/08/29/)
- h) Semantic Scholar (“Semantic Scholar - An academic search engine for scientific articles”, 2019/05/16/)

The objective of the search is to explore the relevant evidence to support a plan of action. and to devise solutions to reduce the time before medical treatment start thus diminishing stress (Patel, Combs & Vinson, 2014/03/01/).

The Basic Search

A basic online search uses keywords on web sites in a browser such as Chrome, Safari, Internet Explorer or Opera. Type the keyword in the browser command line, choose one search engine among the many such as Yahoo, Google, Bing then read the results of the search for useful information to manage the problem.

The Advance Search

There some databases that may be accessed with a password and user name. Where, basic searches and advance searches with history saving can be used to seek articles in journals, books, e-books, portable document format files and abstracts. There are operators such as AND, OR, NOT called Booleans to exclude and include items in the search. For example a Boolean operator can be set to search only in the Title column of a database or Author's name.

Most Databases are organized in rows and columns with fields such as titles, authors, publishers, year of publication, edition. The Booleans make it possible to search the years field. For example if the researcher needs evidence in academic papers or articles or books or documents written in the years 1999 to 2003. Choosing these years would exclude the evidence written before 1999 and after 2003.

When a researcher is doing a 5 or 10 years study then the history saving contributes to track the search done during the years of study. So that, a researcher at the 7th year of research can recall the research done in the first or second year. When I did a first search on Ebscohost in 2014, I saved the search. They are still available today in 2019. The save search facility is literature search and to academic research.

Boolean operators allow the researcher to narrow or widen the search, to reduce the output, to focus on what sources might be relevant, to exclude irrelevant items ("15 Steps to Good Research | Georgetown University Library", 2019/05/06/). The databases are increasing in size and present a real challenge students ("Research Databases | EBSCO", 2019/05/06/).

Literature Search

It is an exhaustive, systematic thorough search of types of literature on pharmacy delivery, on waiting time and other relevant topics to the dissertation. It looks at sources such as academic papers, articles, books, reviews, documents and more pertaining to the dissertation less than five years old as in this case between two years for example 2014-2019.

Literature search has defined steps such as planning, choice of databases, search techniques, evaluating information, organizing information, referencing format that need to be adhered to in a research project (“How do I do a literature search? | Library Services | Open University”, 2019/04/10/).

What is literature review?

To write this undergraduate dissertation, I would begin by writing a literature review with evidence less than five years old so the range would be 2015 to 2019 (Sun, et al., 2017 2017). Searching and evaluating literature is a literature review. It has four main parts : a) find the literature of the topic studied such as leadership skills, problem solving, organization structure, b) summarize the literature, locate gaps in current knowledge, c) point to limits of theories; and, d) recommend further research.

Organize the literature. Show expertise, understanding, fit the research into the current body of knowledge as a distinct original piece of academic work with an abstract (“What is a literature review?”, 2019/04/09/). For this dissertation it is reasonably complex, the following is what I gleaned on the internet.

In fact, I logged on to Leeds Beckett Library with a username and password, began a basic search as these screenshots show.

(“Impact of adjustment measures on reducing outpatient waiting time in a comm...: Library resources”, 2019/05/11/)

In screenshot one I have logged on to Leeds Beckett university Library. I did a keyword search with about three quarter of a million results. These results are from year 1824 to 2019. So

I narrowed the time range to get about half a million results. In screenshot 3 I selected type of publication academic journals the results were a quarter of a million. In screenshot 4 I have used the keywords “waiting time” in hospitals with the Boolean AND in the field title and the Boolean AND in the abstract field to narrow the results to about five thousand. Then I have added another Boolean AND in the title field with the keyword “ waiting time” the results were about eight hundred.

Finally, in screenshot 6 I have added a Boolean AND with the keyword “ reducing” in the title field to set the result to 10 articles from which I have chosen this article with in text citation and notes - ”Reducing waiting time and raising patient satisfaction by the following people Sun, Jing, lin, Quan, Zhao, Penghyu, Qiongyao, Xu, Kai, Chen, Huiying, Hu, CecileJia, Stuntz,Mark, Li, Hong, Liu, Yuan li (Sun, et al., 2017 2017).” screenshots sequence follows:

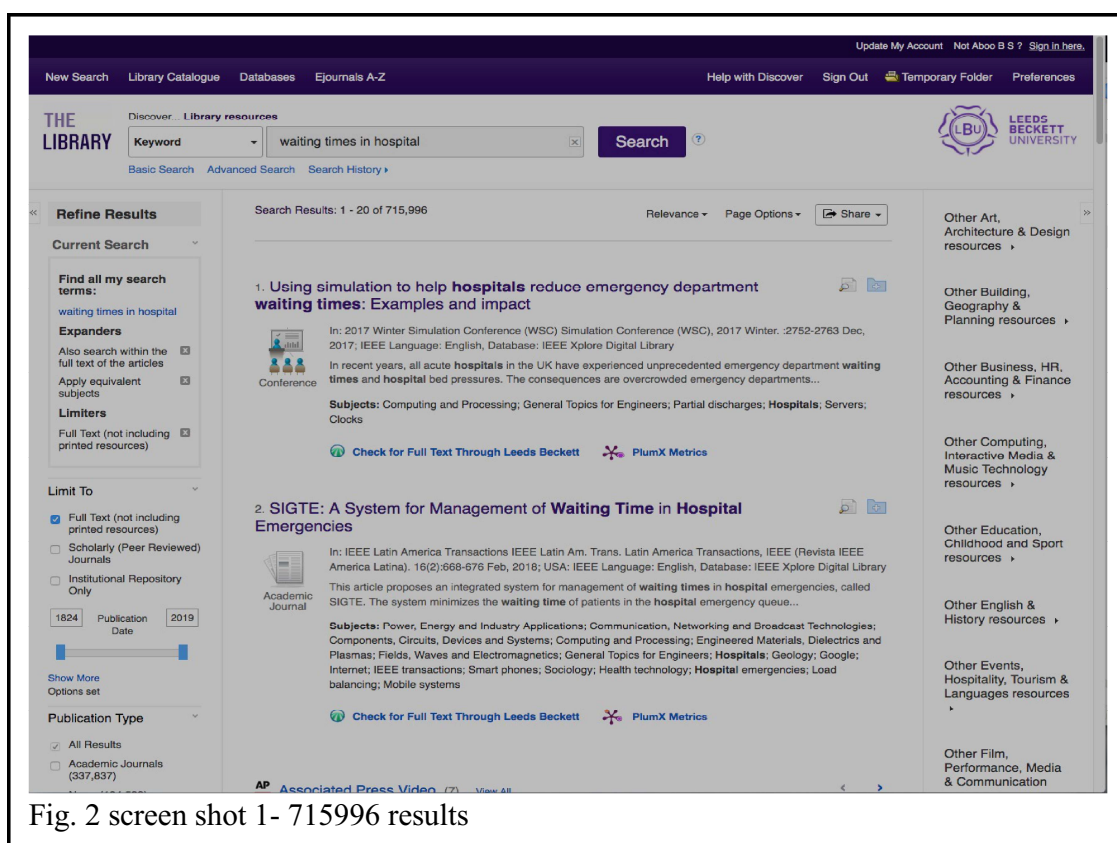


Fig. 2 screen shot 1- 715996 results

Figure 2. Screen Shot A

The screenshot displays the Leeds Beckett University Library search interface. The search query "waiting times in hospital" has been entered, resulting in 536,210 search results. The page is divided into several sections:

- Header:** Includes navigation links like "New Search", "Library Catalogue", "Databases", and "Ejournals A-Z". It also features a search bar with the query "waiting times in hospital" and a "Search" button.
- Left Sidebar (Refine Results):** Contains filters for "Current Search", "Expanders", "Limiters", and "Limit To". The "Limit To" section shows options for "Full Text (not including printed resources)" and "Scholarly (Peer Reviewed) Journals".
- Main Results Area:** Displays two search results:
 - 1. Using simulation to help hospitals reduce emergency department waiting times: Examples and impact**
 In: 2017 Winter Simulation Conference (WSC) Simulation Conference (WSC), 2017 Winter. :2752-2763 Dec, 2017; IEEE Language: English, Database: IEEE Xplore Digital Library
 In recent years, all acute hospitals in the UK have experienced unprecedented emergency department waiting times and hospital bed pressures. The consequences are overcrowded emergency departments...
 Subjects: Computing and Processing; General Topics for Engineers; Partial discharges; Hospitals; Servers; Clocks
 Check for Full Text Through Leeds Beckett | PlumX Metrics
 - 2. SIGTE: A System for Management of Waiting Time in Hospital Emergencies**
 In: IEEE Latin America Transactions IEEE Latin Am. Trans. Latin America Transactions, IEEE (Revista IEEE America Latina). 16(2):668-676 Feb, 2018; USA: IEEE Language: English, Database: IEEE Xplore Digital Library
 This article proposes an integrated system for management of waiting times in hospital emergencies, called SIGTE. The system minimizes the waiting time of patients in the hospital emergency queue...
 Subjects: Power, Energy and Industry Applications; Communication, Networking and Broadcast Technologies; Components, Circuits, Devices and Systems; Computing and Processing; Engineered Materials, Dielectrics and Plasmas; Fields, Waves and Electromagnetics; General Topics for Engineers; Hospitals; Geology; Google; Internet; IEEE transactions; Smart phones; Sociology; Health technology; Hospital emergencies; Load balancing; Mobile systems
 Check for Full Text Through Leeds Beckett | PlumX Metrics
- Right Sidebar:** Lists various resource categories such as "Other Art, Architecture & Design resources", "Other Building, Geography & Planning resources", "Other Business, HR, Accounting & Finance resources", "Other Computing, Interactive Media & Music Technology resources", "Other Education, Childhood and Sport resources", "Other English & History resources", "Other Events, Hospitality, Tourism & Languages resources", and "Other Film, Performance, Media".

Fig. 3 Results 536210

Figure 3. Screen shot B In this screen shot the first two results can be viewed. Clicking on any result, greater details may be obtained.

Refine Results

Search Results: 1 - 20 of 254,028

Relevance ▾ Page Options ▾ Share ▾

Current Search

Find all my search terms:

[waiting times in hospital](#)

Expanders

Also search within the full text of the articles ☒

Apply equivalent subjects ☒

Limiters

Full Text (not including printed resources) ☒

Date Published: 20050101-20191231 ☒

Publication Type

Academic Journals ☒

[Clear All](#)

Limit To

☒ Full Text (not including printed resources)

☐ Scholarly (Peer Reviewed) Journals

☐ Institutional Repository Only

2005 Publication Date 2019

[Show More](#)

Options set

Publication Type

☐ All Results

☒ Academic Journals (254,022)

☐ News (152,040)

☐ Magazines (55,341)

1. SIGTE: A System for Management of Waiting Time in Hospital Emergencies

In: IEEE Latin America Transactions IEEE Latin Am. Trans. Latin America Transactions, IEEE (Revista IEEE America Latina). 16(2):668-676 Feb, 2018; USA: IEEE Language: English, Database: IEEE Xplore Digital Library

This article proposes an integrated system for management of **waiting times** in **hospital** emergencies, called SIGTE. The system minimizes the **waiting time** of patients in the **hospital** emergency queue...

Subjects: Power, Energy and Industry Applications; Communication, Networking and Broadcast Technologies; Components, Circuits, Devices and Systems; Computing and Processing; Engineered Materials, Dielectrics and Plasmas; Fields, Waves and Electromagnetics; General Topics for Engineers; **Hospitals**; Geology; Google; Internet; IEEE transactions; Smart phones; Sociology; Health technology; **Hospital** emergencies; Load balancing; Mobile systems

[Check for Full Text Through Leeds Beckett](#) [PlumX Metrics](#)

2. Implementing Lean Six Sigma in a Kuwaiti private hospital

By: Yazan Al-Zain; Lawrence Al-Fandi; Mazen Arafteh; Samar Salim; Shouq Al-Quraini; Aisha Al-Yaseen; Deema Abu Taleb. In: International Journal of Health Care Quality Assurance, 2019, Vol. 32, Issue 2, pp. 431-446.; Emerald Publishing Limited. March 11, 2019. Language: English, Database: Emerald Insight

Purpose The purpose of this paper is to use Lean Six Sigma (LSS) to reduce patient **waiting time** in a Kuwaiti private **hospital** obstetrics and gynaecology clinic. Approach The define, measure, anal...

Subjects: research-article; Research paper; cat-HSC; Health & social care; **Waiting time**; Six Sigma; Lean; Healthcare; Arena simulation

[Check for Full Text Through Leeds Beckett](#) [PlumX Metrics](#)

3. Space, Place and (Waiting) Time: Reflections on Health Policy and Politics

By: Sheard, Sally. In: Health Economics Policy and Law, Vol. 13, Issue 3-4 (July-October 2018), pp. 226-250, Database: [HeinOnline](#)

Subjects: General

[Check for Full Text Through Leeds Beckett](#)

4. SIGTE: A System for Management of Waiting Time in Hospital

Other Art, Architecture & Design resources ▸

Other Building, Geography & Planning resources ▸

Other Business, HR, Accounting & Finance resources ▸

Other Computing, Interactive Media & Music Technology resources ▸

Other Education, Childhood and Sport resources ▸

Other English & History resources ▸

Other Events, Hospitality, Tourism & Languages resources ▸

Other Film, Performance, Media & Communication resources ▸

Other Health, Nursing, Social Work & Social Sciences resources ▸

Fig. 4. Results 254028

Figure 4. Screen shot C

The screenshot displays the Leeds Beckett University library search interface. At the top, navigation links include 'New Search', 'Library Catalogue', 'Databases', and 'Ejournals A-Z'. The search bar contains the query 'waiting times in hospital' with additional filters for 'hospital' and 'waiting' using the 'AND' operator. The search results page shows 1 - 20 of 4,984 results. The first result is '1. SIGTE: A System for Management of Waiting Time in Hospital Emergencies' from the IEEE Latin America Transactions. The second result is '2. Using simulation to help hospitals reduce emergency department waiting times: Examples and impact' from the 2017 Winter Simulation Conference (WSC). The left sidebar offers options to refine results, including 'Find all my search terms', 'Expanders', 'Limiters', and 'Limit To'. The right sidebar lists various resource categories like 'Other Art, Architecture & Design resources', 'Other Building, Geography & Planning resources', etc.

Refine Results

Search Results: 1 - 20 of 4,984

Relevance ▾ Page Options ▾ Share ▾

1. SIGTE: A System for Management of Waiting Time in Hospital Emergencies

In: IEEE Latin America Transactions IEEE Latin Am. Trans. Latin America Transactions, IEEE (Revista IEEE America Latina), 16(2):668-676 Feb, 2018; USA: IEEE Language: English, Database: IEEE Xplore Digital Library

This article proposes an integrated system for management of **waiting times** in **hospital** emergencies, called SIGTE. The system minimizes the **waiting time** of patients in the **hospital** emergency queue...

Subjects: Power, Energy and Industry Applications; Communication, Networking and Broadcast Technologies; Components, Circuits, Devices and Systems; Computing and Processing; Engineered Materials, Dielectrics and Plasmas; Fields, Waves and Electromagnetics; General Topics for Engineers; **Hospitals**; Geology; Google; Internet; IEEE transactions; Smart phones; Sociology; Health technology; **Hospital** emergencies; Load balancing; Mobile systems

[Check for Full Text Through Leeds Beckett](#) [PlumX Metrics](#)

2. Using simulation to help hospitals reduce emergency department waiting times: Examples and impact

In: 2017 Winter Simulation Conference (WSC) Simulation Conference (WSC), 2017 Winter. :2752-2763 Dec, 2017; IEEE Language: English, Database: IEEE Xplore Digital Library

In recent years, all acute **hospitals** in the UK have experienced unprecedented emergency department **waiting times** and **hospital** bed pressures. The consequences are overcrowded emergency departments...

Subjects: Computing and Processing; General Topics for Engineers; Partial discharges; **Hospitals**; Servers; Clocks

[Check for Full Text Through Leeds Beckett](#) [PlumX Metrics](#)

Limit To

☒ Full Text (including printed resources)

☐ Full Text (not including printed resources)

☐ Scholarly (Peer Reviewed) Journals

2005 Publication Date 2019

Other Art, Architecture & Design resources

Other Building, Geography & Planning resources

Other Business, HR, Accounting & Finance resources

Other Computing, Interactive Media & Music Technology resources

Other Education, Childhood and Sport resources

Other English & History resources

Other Events, Hospitality, Tourism & Languages resources

Fig. 5. Results 4984

Figure 5. Screen shot D In this page I have added two Booleans AND to narrow the results.

The screenshot shows the Leeds Beckett University Library search interface. The search query is "waiting times in hospital". The results are displayed in a list format, showing two results. The first result is "1. SIGTE: A System for Management of Waiting Time in Hospital Emergencies" from IEEE Latin America Transactions. The second result is "2. Patient arrival pattern and waiting time analysis for a tertiary hospital radiology department." from the British Journal of Healthcare Management. The left sidebar contains filters for "Current Search", "Expanders", "Limiters", and "Limit To". The right sidebar lists various resource categories like "Other Art, Architecture & Design resources", "Other Building, Geography & Planning resources", etc.

THE LIBRARY Discover... Library resources

waiting times in hospital Select a Field (optional) Search

AND hospital TI Title Clear ?

AND waiting AB Abstract

AND waiting time TI Title + -

Basic Search Advanced Search Search History

Search Results: 1 - 20 of 880 Relevance Page Options Share

1. SIGTE: A System for Management of Waiting Time in Hospital Emergencies

In: IEEE Latin America Transactions IEEE Latin Am. Trans. Latin America Transactions, IEEE (Revista IEEE America Latina). 16(2):668-676 Feb, 2018; USA: IEEE Language: English, Database: IEEE Xplore Digital Library

This article proposes an integrated system for management of waiting times in hospital emergencies, called SIGTE. The system minimizes the waiting time of patients in the hospital emergency queue...

Subjects: Power, Energy and Industry Applications; Communication, Networking and Broadcast Technologies; Components, Circuits, Devices and Systems; Computing and Processing; Engineered Materials, Dielectrics and Plasmas; Fields, Waves and Electromagnetics; General Topics for Engineers; Hospitals; Geology; Google; Internet; IEEE transactions; Smart phones; Sociology; Health technology; Hospital emergencies; Load balancing; Mobile systems

Check for Full Text Through Leeds Beckett PlumX Metrics

2. Patient arrival pattern and waiting time analysis for a tertiary hospital radiology department.

(includes abstract) Idigo, Felicitas Ugochinyere; Agwu, Kenneth Kalu; Onwujekwe, Obinna Emmanuel; Okeji, Mark Chukwudi; Anakwue, Angel-Mary Chukwunyelu; British Journal of Healthcare Management, 2019; 25(3): 136-143. 8p. (Article) ISSN: 1358-0574, Database: CINAHL Complete

Background: High patient load and ineffective appointment scheduling has been linked to hospital overcrowding. This article investigated the appointment scheduling method, patient waiting times a...

Subjects: Appointments and Schedules Evaluation; Waiting Lists Evaluation; Treatment Duration Evaluation; Quality of Health Care Evaluation; Tertiary Health Care; Radiology Service Nigeria; Adult: 19-44 years

Refine Results

Current Search

Find all my search terms:

waiting times in hospital AND TI hospital AND AB waiting AND TI w...

Expanders

Also search within the full text of the articles

Apply equivalent subjects

Limiters

Full Text (including printed resources)

Date Published: 20050101-20191231

Limit To

Full Text (including printed resources)

Full Text (not including printed resources)

Scholarly (Peer Reviewed) Journals

2005 Publication 2019

Other Art, Architecture & Design resources

Other Building, Geography & Planning resources

Other Business, HR, Accounting & Finance resources

Other Computing, Interactive Media & Music Technology resources

Other Education, Childhood and Sport resources

Other English & History resources

Other Events,

Figure 6. Screen shot E

The screenshot shows the Leeds Beckett University Library search interface. The top navigation bar includes links for 'New Search', 'Library Catalogue', 'Databases', 'Ejournals A-Z', 'Help with Discover', 'Sign Out', 'Temporary Folder', and 'Preferences'. The search bar contains the query 'waiting times in hospital' with a 'Search' button. Below the search bar, there are filters for 'AND' and 'TI Title' (Title in Title) and 'AB Abstract' (Abstract in Abstract). The search results are displayed in a list format, showing two results. The first result is 'Conceptual model for reducing outpatient care waiting times in teaching hospital in Indonesia' by Sun, Jing; Lin, Qian; Zhao, Pengyu; Zhang, Qiongyao; Xu, Kai; Chen, Huiying; Hu, Cecile Jia; Stuntz, Mark; Li, Hong; Liu, Yuanli. The second result is 'Reducing waiting time and raising outpatient satisfaction in a Chinese public tertiary general hospital-an interrupted time series study' by Sun, Jing; Lin, Qian; Zhao, Pengyu; Zhang, Qiongyao; Xu, Kai; Chen, Huiying; Hu, Cecile Jia; Stuntz, Mark; Li, Hong; Liu, Yuanli. The left sidebar shows 'Refine Results' with 'Current Search' and 'Limit To' options. The right sidebar shows 'Other Art, Architecture & Design resources' and 'Other Building, Geography & Planning resources'.

THE LIBRARY Discover... Library resources

waiting times in hospital Select a Field (optional) Search

AND hospital TI Title Clear ?

AND waiting AB Abstract

AND waiting time TI Title

AND Reducing TI Title

Basic Search Advanced Search Search History

Search Results: 1 - 10 of 10 Relevance Page Options Share

Note: Exact duplicates removed from the results.

1. Conceptual model for reducing outpatient care waiting times in teaching hospital in Indonesia

In: 2014 IEEE International Conference on Management of Innovation and Technology Management of Innovation and Technology (ICMIT), 2014 IEEE International Conference on. :317-320 Sep, 2014; IEEE Language: English, Database: IEEE Xplore Digital Library

Conference The National Health Insurance Program (JKN) which became effective on January 1, 2014 raises issues of special concern for all parties involved. The main objective of this program is to make Indo...

Subjects: Engineering Profession; General Topics for Engineers; Power, Energy and Industry Applications; Transportation; Hospitals; Education; Insurance; Government; Electronic medical records; Indonesia; outpatient; waiting time; teaching hospital

Check for Full Text Through Leeds Beckett

2. Reducing waiting time and raising outpatient satisfaction in a Chinese public tertiary general hospital-an interrupted time series study

By: Sun, Jing; Lin, Qian; Zhao, Pengyu; Zhang, Qiongyao; Xu, Kai; Chen, Huiying; Hu, Cecile Jia; Stuntz, Mark; Li, Hong; Liu, Yuanli. In: BMC Public Health. August 22, 2017, Vol. 17 Issue 1; BioMed Central Ltd. Language: English, Database: Academic OneFile

Other Art, Architecture & Design resources

Other Building, Geography & Planning resources

Other Business, HR, Accounting & Finance resources

Other Computing, Interactive Media & Music Technology resources

Other Education, Childhood and Sport resources

Other English & History resources

Fig. 7 Results 10

Figure 7. Screen shot F

Tug

Tug - An automated transport system is used in a hospital in Ohio. Tug an automaton to transport medicines to units. Tug works in Fort Thomas at St. Elizabeth Healthcare, travels more than 7 kilometers every 24 hours to deliver 400 rounds of medication. It opens doors, calls elevators, and avoids passersby. A nurse with a password and fingerprint is able to collect medications from Tug's drawers ("Robot Delivers Hospital Pharmacy's Drugs to Nurses", 2019/04/11/).

An Example of Pharmacy Processing

The technicians of pharmacy managed delivery system was evaluated.

1. Before -implementation, medication trolleys were the distribution system.
2. After implementation, the ward's trolleys and individual bedside drawers were serviced by technicians.

Two pre- and post audits show a reduction in missed doses, and cost savings. That was a positive increment on safety (Seaton & Adams, 2010/09/01/).

Waiting Time - What physicians can do?

Physicians could enhance quality care and patient satisfaction by putting in practice ways to reduce wait times. Vitals annual report says, 19 minutes and 19 seconds is an average patient waiting time ("Report: Wait and travel times for patients aren't improving; cost U.S. \$89B annually", 2019/05/04/). The patients pay for a service, not for waiting. So there is a need to:

1. Differentiate between demand and supply.
2. Hire hard-working, organized front office staff.
3. Motivate patients to make early and scheduled appointments.
4. Utilize online check-in.
5. Encourage use the web portal ("How to improve patient wait times in your practice", 2017/04/25/).

Nursing and Pharmacy Team Up

During an improvement program in Cleveland Clinic, Ohio, pharmacy came up frequently and it was also found that nurses believe it takes ages for medication to arrive contrary to collected statistics. A multi-disciplinary team was formed in 2016 to work on a solution to improve medication delivery (“Nursing and Pharmacy Team Up to Improve Medication Delivery Process”, 2017/05/23/b).

Inter-disciplines

The team met for six months. Very early on, the team realized that it was necessary to address those perceptions and create ways to improve the process.

As the multi-disciplinary team discovered issues, they addressed them. Issue: Nurses didn’t fully understand pharmacy’s work flow. Solution: A team of nurses visited pharmacy to observe the steps taken by the staff to deliver medications. Issue: Nurses never knew how long it would take for medication to arrive. Solution: The unit used work flow management tool set up in a cloud-based server. Delivery time became precise. Issue: Nurses usually called back to check on the status. These calls clog the pharmacy processes and work flows and bind staff time. Solution: e-messages via electronic medical record system to order medications and check on the status.

The steps taken improved the medication delivery process. It became a reality with collaboration and teamwork.” (“Nursing and Pharmacy Team Up to Improve Medication Delivery Process”, 2017/05/23/a)

WaitLess

WaitLess is an app that informs patients about the waiting time at A & E of many hospitals in the region so that they may choose where to head to. It is expected to reduce the number of patients in the queue (“NHS waiting times app will show which hospital has shortest queue”, 2019/04/27/).

Goals and objectives

I am not doing this for myself, personally I will gain some skills in achieving this change. I might aggressively pursue the goal but there will always be opposition. I may try to avoid and ignore this problem and hope it does not occur again I will be kidding myself. Or may be someone else will deal with that, is not positive team work. The problem will occur again and again and slowly cultivate an undesirable image of the organization.

I may try to forget it and live and work as if nothing has occurred. But my conscience, my professional ethics will say otherwise. I may try to get a compromise where both the company and the patient wins. How do I achieve such a goal within an organization where my only listeners are at the ward level committee meeting and staff firstly? The charge nurse might take it up if I have some convincing arguments and if it gains priority, every one has improvements to do and if I want my goals to be heard I need to use Monroe Motivated Sequence, first to have the problem gain attention (“Monroe’s Motivated Sequence - Overview, Steps”, 2019/05/06/) then follow with the rest of the sequence.

The services involved in the problem

Not all the services are directly or indirectly involved in the stated, identified problem.

a) The physician admitting the patient. b) The nurses giving the medication. c) The portering services. d) The pharmacy. e) The unit supervisor f) The quality assurance people. Can they work together to come up with an improvement plan? Their collaboration shall determine the success or failure of the plans.

What the Organization Looks Like

Because the change shall be implemented in an organization perhaps it would be thoughtful to make a reconnaissance of the structure of the organization so that it would be clear where in this big organization the proposed transformation will take place.

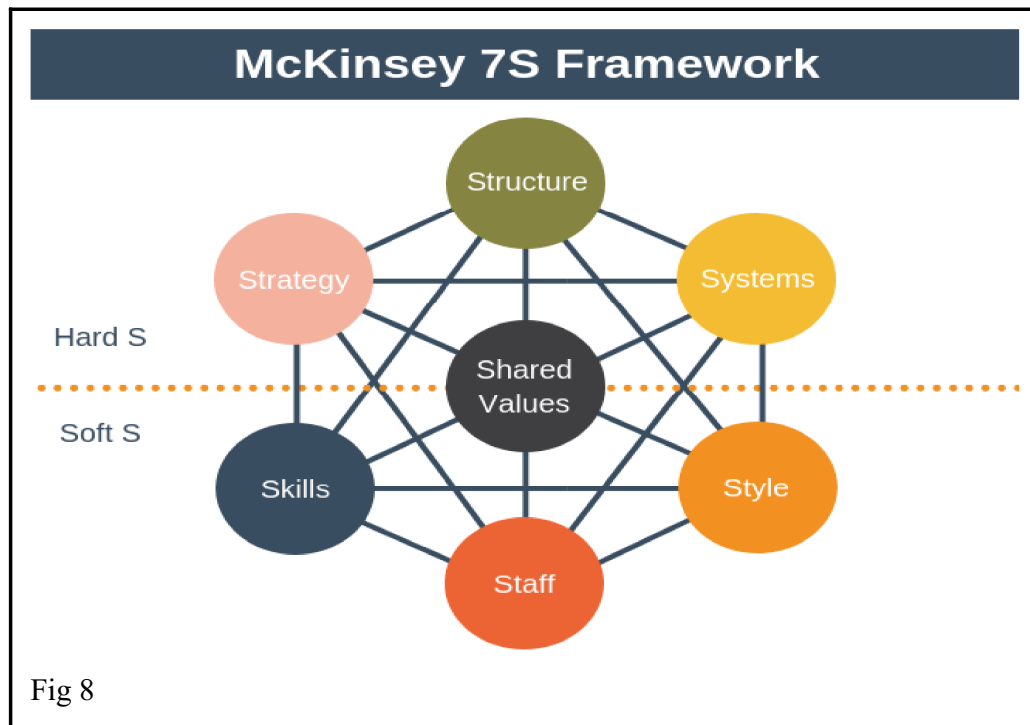


Figure 8. (“Expert Program Management”, 2019/05/16/)

To do this McKinsey developed a model that has been used successfully to overview an organization structure. 7 S's components can aimed to target alignment glitch. In this case McKinsey 7s performs an alignment of the firm designs with the projected changes of improving the waiting time of a child with asthma on an adult ward (Ravanfar).

I shall organize a campaign and advocacy by scheduling attendance to the meetings of the groups who might be effective or who has a stake in the problem. They may disagree to have these planned objectives on their list but the campaign shall bring attention to the problem. Attention is the initial step of the Monroe motivated sequence (“Monroe’s Motivated Sequence - Overview, Steps”, 2019/05/06/), a persuasive tool to achieve goals. And build a coalition as suggested by Kotter, a majority support that shall vote democratically for the proposed change. I am hoping to use leadership skills to achieve this change process.

McKinsey 7s model analyzes the designs of an organization by looking at parts as shown in the diagram, to identify if the solution for the child with asthma is aligned with the firm's designs so that the organization can achieve its objectives. Giving care as soon as possible is a shared value, is aligned with the organization mission and strategies (Ravanfar).

Swim lanes are very useful to track work flow between departments. The medical, the nursing, the pharmacy, the portering departments can be viewed as lanes where tasks are in progress, blocked and causing congestion. These tasks have dependencies and precedence as in a Gantt chart.

The physician writes the prescription, nothing happens until the prescription reaches the nursing department where it is processed via the IT lane- the computer workstation. Then it is moved to the next lane, the pharmacy lane where it is further processed, then it is moved to the portering lane where the medicine is transported to the nursing lane. Its final destination is the patient's lane. Fig 9 is an example of a swim lane:

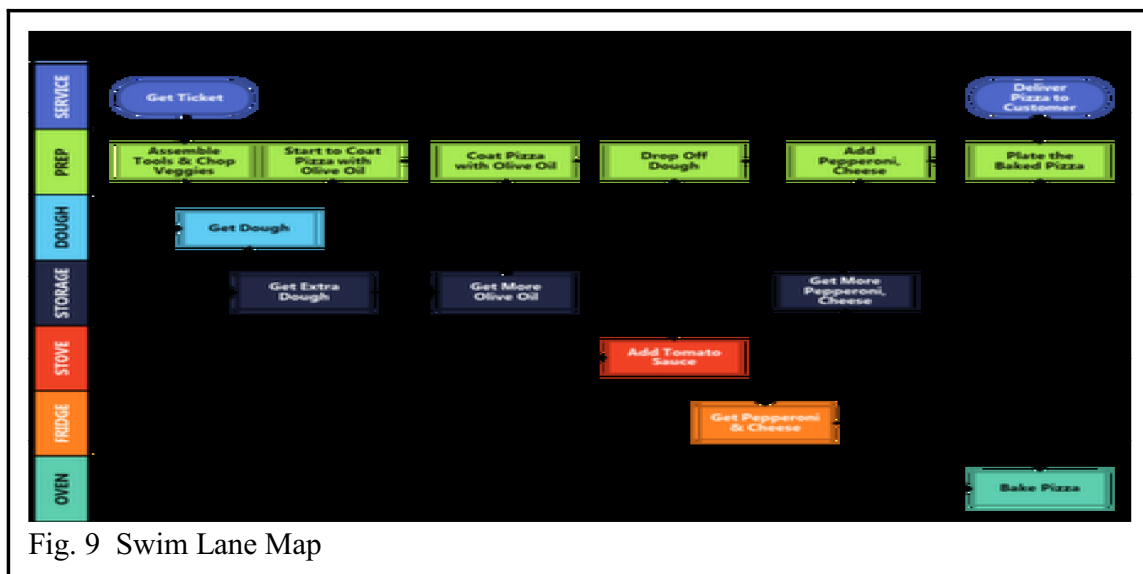


Fig. 9 Swim Lane Map

Figure 9. ("Swim Lane Map - Minnesota Dept. of Health", 2019/05/18/)

Communication strategy

What communication strategy I may use to achieve the goals of the proposal.

An option might be to schedule meetings with the people who are part of the processes converging to the problem, who has a stake in the problem. And to enlist their partnership to take the solution they come up with to the level of the executive meeting where it can be managed. The bigger, more expensive, more complex the higher is the management level empowered to solve it. The board has the executive power to enact the action plans, the feasibility study and the implementation of the solution and the inclusion of a clause in the books of protocols (“Protocol | Definition of protocol in English by Oxford Dictionaries”, 2019/05/08/).

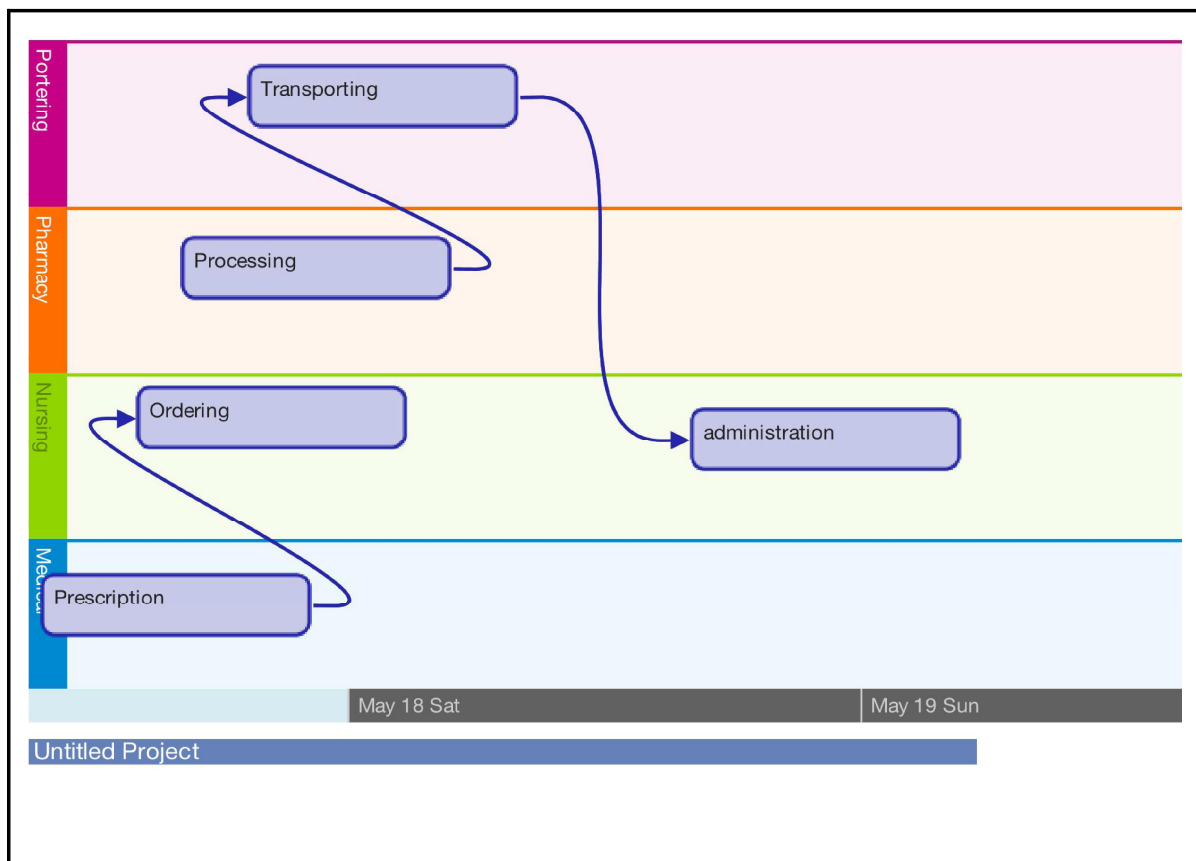


Figure 10. This swim lane shows who and what might be involved in the process.

People To Persuade and Conflict to manage

Not every one needs to be persuaded to solve this problem. Many persons might be excluded and only a few is directly or indirectly involved in the solution of this problem. The nursing staff, the portering service, the pharmacy staff and the supervisors are central to the solution. I shall make a list of people and groups that evidence shows is critical to the plans. The pharmacy people is on the list (“Nursing and Pharmacy Team Up to Improve Medication Delivery Process”, 2017/05/23/a). In addition to meeting them I would also write briefs and memo to indicate a position, the position of the patient and relative and any ethical concern and the risk to the organization, the market strategy and the values the organization uphold. There will always be conflict to manage. Conflict when handled competently can enhance group performance and is not always negative (F. Cragan & W. Wright, 1980/09/01).

Proposed Solutions - Change proposal

- a) The pharmacy to deliver medication according to a protocol.

Protocol 66 is about a child with asthma, not requiring Intensive Care, admitted on an adult ward bypassing the admission procedure but needs medication for relief and immediate start of treatment. Under protocol 66, the nurse phones the pharmacy with the list of medical supplies. The pharmacy calls the portering department to dispatch medication, the nurse acknowledges receipt of correct medication to the pharmacy. This applies only to the case of a child with asthma admitted on an adult ward and no other cases.

- b) A stock of medication on ward serviced by pharmacy technician. Fit the ward with a small pharmacy and staff that handle a subset of the larger pharmacy providing supplies and medication directly to the patient medicine locker.

- c) A small pharmacy for 2 levels altogether (see Appendix 2 Page 53 for a description of the clinic layout).

- d) A ward stock under the responsibility of the pharmacy for resupplies and maintenance.

e) Upgrade the Portering service (“Five benefits a modern E-Portering solution can bring to your hospital - Radio”, 2017/07/10/), install ePortering. E-portering allows an effective use of the portering service so that a medicine package can be traced and a delivery time estimated (“IBeacon based e-Portering, Porter Tracking System, Porter Management Solution”, 2019/05/08/).

f) Install electronic tagging. Electronic tagging that can show where the medication is during transit and the shortest route to pick it up (Holmes, 2017/08/14/).

g) Buy Tug to allow the staff to focus on patient care.

Change Proposal in Meetings of Stakeholder

A democratic style Leadership communication to the stake holder to gain and evaluate the support and disagreement for the implementation or rejection of a protocol to address the problem of only one patient with one diagnosis a child with asthma on an adult ward when such a situation arises. What every group should hear? And what specific group should hear?

Feasibility study for the plans:

a) The pharmacy to deliver medication according to a protocol.

Protocol 66 is about a child admitted on an adult ward bypassing the admission procedure with asthma not requiring intensive care but need medication for immediate start of treatment. The nurse phones in with the list of medical supplies. The pharmacy calls the portering department to dispatch medication soon after receiving call the nurse acknowledges receipt of correct medication to the pharmacy. A Phone order to the pharmacy. The pharmacy contacts the portering department. Supplies dispatch by porters to ward. This applies only to the case of a child with asthma and no other.

b) A stock of medication on ward serviced by pharmacy technician. Fit the ward with a small pharmacy and staff that handle a subset of the larger pharmacy providing supplies and medication directly to the patient medicine locker.

- c) A small pharmacy for 2 levels altogether.
- d) A ward stock under the responsibility of the pharmacy for resupplies and maintenance
- e) Upgrade the Portering service (“Five benefits a modern E-Portering solution can bring to your hospital - Radio”, 2017/07/10/), install ePortering. Eportering allows a more efficient use of the portering service so that a medicine package can be traced and an estimate of delivery time is known (“IBeacon based e-Portering, Porter Tracking System, Porter Management Solution”, 2019/05/08/)
- f) Install electronic tagging. Electronic tagging can show where the medication is during transit and the shortest route to pick it up (Holmes, 2017/08/14/)
- g) Buy Tug to allow the staff to focus on patient care

Leadership and Management

The organization I worked for does not have the autocratic style of leadership in place where all decisions are handed down from the top. Authoritarianism at work. Individual participation is none existent and group input is minimal. Ideas, decisions, judgments and advice are always from the autocratic leader. Autocratic leadership is about absolute control (Cherry, 2019/03/15/).

Democratic style is based on getting supports, votes, strategies accepted and responsibility shared. The democratic, collegial leadership is an open style of running a team. Ideas are discussed openly within a dynamic, variable and changing environment. Discussions are not censored. The democratic leadership facilitates exchange of ideas (“The Democratic Leadership Style”, 2019/04/09/).

“It doesn’t make sense to hire smart people and then tell them what to do; we hire smart people, so they can tell us what to do.” – Steve Jobs (Aytekin Tank, 2016/09/27/). That was Steve Jobs, late CEO of Apple Inc., idea of ‘laissez faire’ leadership style. It has origins in France, “Let us do what we want to do.” or “laissez faire” (“Laissez Faire Leadership Guide: Definition, Qualities, Pros & Cons, Example”, 2017/12/29/).

SWOT analysis

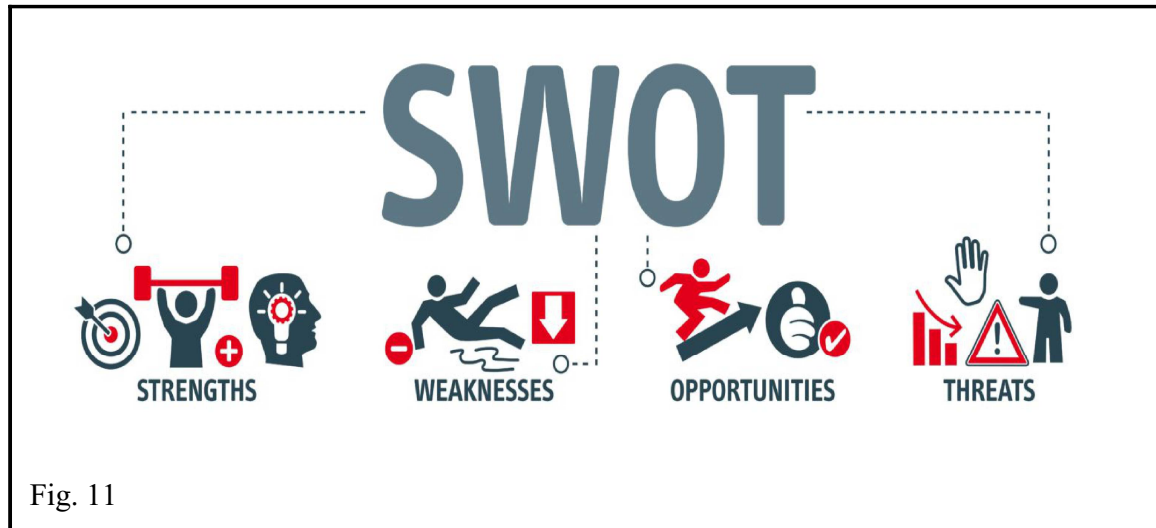


Figure 11. `` (“What is a SWOT Analysis 2018 | Guaranteed Removal”, 2019/05/17/)

There are many uses of SWOT. I am using SWOT to make a choice among the plans I found while searching databases, to suggest a plan that might be applied as soon as possible.

A detailed SWOT analysis reveals areas for improvement. At the beginning of a strategic planning process conduct a SWOT analysis to explore the environment and landscape the business resides in.

Use the insight gain for changing strategies, operations and planning. Develop a strategy map, communicate to the organization where, how, and why strategies need re-direction. Why, we do not want a child with asthma admitted to an adult ward, to wait hours for medical treatment. It is wrong. We want to reduce the waiting to make it right and the sooner the better.

Start by implementing a strategy, a plan, building programs to overcome weaknesses or go after opportunities (“A Detailed SWOT Analysis Example (Applicable To All Industries)”, 2018/05/02/).

SWOT Analysis Table

Table 1

Plan A	Strengths	Weaknesses	Opportunities	Threats
The pharmacy to deliver medications according to a protocol.	Cheaper	Longer Process to get approval	Easier to implement	Porter to deliver Priority One

Table 2

Plan B	Strengths	Weaknesses	Opportunities	Threats
A stock of medication on ward serviced by pharmacy technician.	Provide directly to the patient medicine locker.	Fit the ward with a small pharmacy and		Staffing, Too many pharmacies

Table 3

Plan C	Strengths	Weaknesses	Opportunities	Threats
A small pharmacy for 2 levels altogether	Better pharmacy service	Expensive at the beginning	Long and improved service	Cost and structural changes

Table 4

Plan D	Strengths	Weaknesses	Opportunities	Threats
A ward stock under the responsibility of the pharmacy for resupplies and maintenance	Medication available on ward	The nurse to initiate order	Simpler to implement	Staffing less structural changes

Table 5

Plan E	Strengths	Weaknesses	Opportunities	Threats
Upgrade the Portering service to e portering	Make medicine transport more fluid	Costly computerization and wifi	Locate medicate in transit and get time of delivery	Server Breakdown

Table 6

Plan F	Strengths	Weaknesses	Opportunities	Threats
Install electronic tagging	Show where the medication is during transit and the shortest route to pick it up	might be intrusive on privacy	Can locate patient out of range	Locate any items such as keys, physicians and might be intrusive on privacy.

Table 7

Plan G	Strengths	Weaknesses	Opportunities	Threats
Buy Tug to allow the staff to focus on patient care	Fully automated secure delivery system	Not appropriate for emergency delivery	Relieve portering service	Can breakdown

To conclude :

When the leadership team offers appropriate recommendations for plans that has credibility based on SWOT analysis and supported by research it is more likely that some considerations will be given to the plan.

Change Model and Change Process

One of the plans will be implemented. What change model could be used appropriately and effectively? There are many models of change to apply to different scenario. Such as Adkar, Kotter, Lewin and Lippitt:-

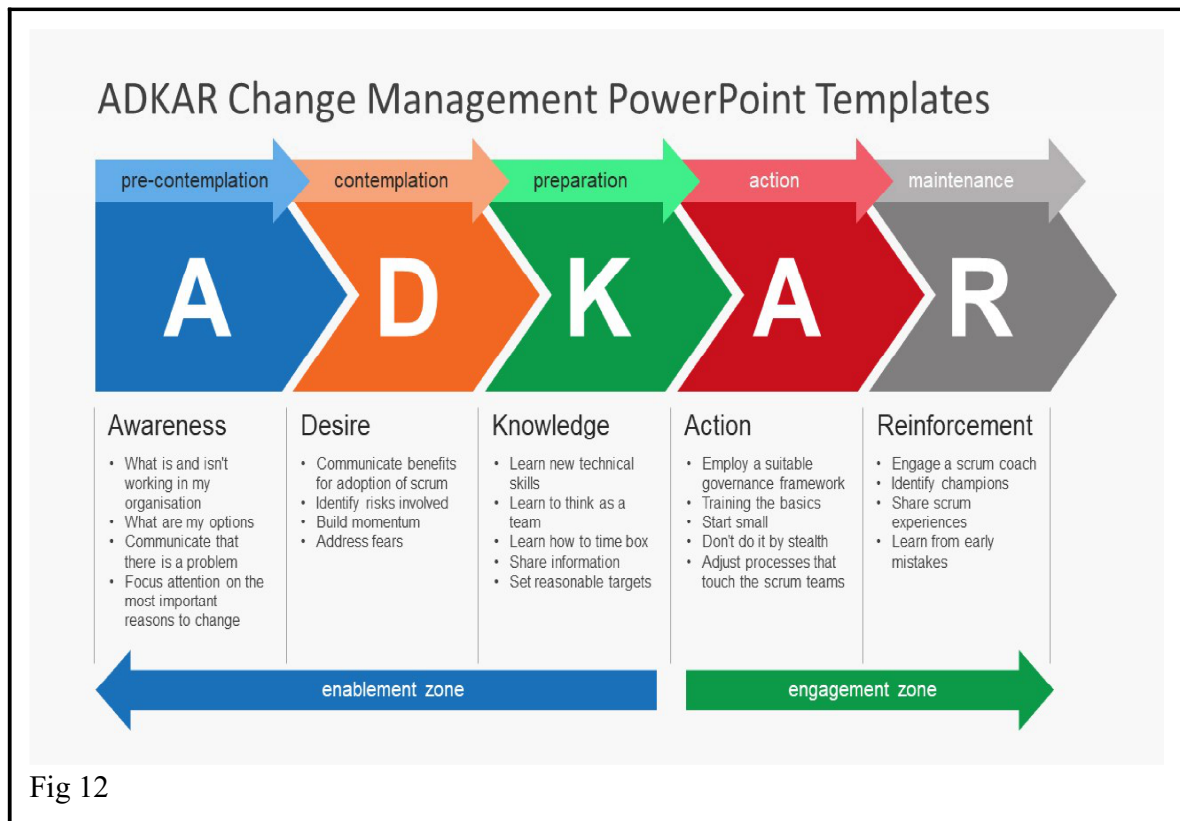
Adkar

Figure 12. (“ADKAR Change Management PowerPoint Templates - SlideModel”, 2019/05/16/)

ADKAR is used to sensitize the personnel, increase the personnel receptivity to the projected plans of change, it is about the human side, people outlook and attitude to change (“What Is Prosci’s Change Management Methodology?”, 2009/03/18/). ADKAR is about individuals in relation to change, preparing the individuals for change (Inc., 2019/04/11/). Any change begins a most basic questions about change: Why? Why change the waiting time for a child with asthma? It is human nature to be inquisitive about changes and to resist them when they are beyond understanding even though they are good things.

Awareness: – It seems too obvious that a patient need not wait too long for treatment but there is always a waiting time. Be aware of the need for change. Recognize the need to change.

Desire: – who needs to participate in the change? To get to the desire stage it is not easy. Who desires this change? How many are against it? Motivation to participate in the change process may range from zero to one hundred percent across the organization. Some people will never have anything to do with it.

Knowledge: – who has the knowledge to guide the change? When stakeholders are well-informed of the change they are more likely to champion it. When there are people who know about the change guides the changing process, stress is reduced.

Ability: – who will implement skill sets and change behaviors?

Reinforcement: – who will set up the infrastructure for the change initially and for the future. Building reinforcement so that the change becomes functional and permanent. Successful reinforcement may require:

Celebrations, rewards and recognition;

Feedback, corrective actions, visible performance measurement;

Accountability mechanisms, potential challenges and resisting factors;

Most organizations invest in helping people build the awareness, desire, knowledge, and ability to make a change. But without plans of reinforcement, the risk for that investment to be lost is real.

PHASES

Phase I – in this phase, or the beginning, individuals "prepare" for change as it pertains to a project.

Phase II– this phase focuses on the plans of the project and how it will work, guidelines to set when phase I is complete include:

a) communication plan. b) Sponsor road map. c) Training plan. d) Coaching plan. e) Resistance management plan.

Phase III – here the change management's goals should be sustainable for the future. Work with the team to develop measures and standards that will work for the project and implement them. Project manager assessments should be done to evaluate if teams are performing their jobs set at initiation.

Phase III should reflect: a) Reinforcement mechanisms. b) Compliance audit reports. c) Corrective action plans individual and group recognition. d) Celebrations after action review.

Kotter

For about forty years, a Harvard professor analyzed leaders executing and transforming their strategies to crystallize the 8 steps process for implementing changes ("The 8-Step Process for Leading Change - Kotter", 2019/05/15/).

The following are the eight steps:

1) **Create** - a sense of urgency.

I point to the waiting time problem to gain attention if it is important the attention sustain itself depending on the personal evaluation of the priority and context of the problem of every member of the organization.

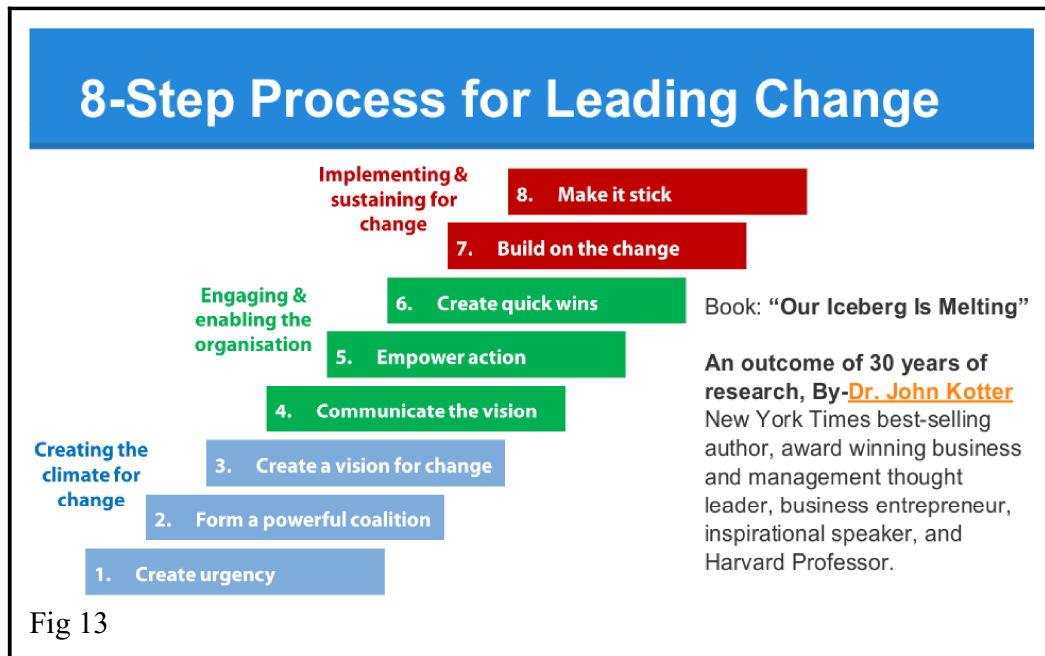


Figure 13. ("Kotters 8 step change model", 2015/07/02/)

2) **Build** - a guiding coalition.

I might open a blog site, email to many departments, get people to be aware of this problem.

3) **Form** - a strategic vision & initiatives.

I organized some group for brainstorming for collecting plans, analyzing issues and gaining support and votes.

4) **Enlist** - a volunteer army - sponsors and supporters of the cause. I define my objectives and point to the ethics and professionalism of the case. Get volunteer support in a democratic manner without threats and coercion.

5) **Enable** - action by removing barriers - and addressing objections. Thus clarifying the opposition view.

6) **Generate** - short-term wins - like agreements to participate in the change process, I approach the personal side of this with ADKAR model.

7) **Sustain** - accelerate - my volunteers, supporters, sponsors efforts to gain ground.

8) **Institute** - change - by marshaling the plans of action and schedules and defining the work breakdown structure and setting up the programs of the project of change using Microsoft Project. And using Lewin's unfreeze, move and refreeze ("The 8-Step Process for Leading Change - Kotter", 2019/04/10/).

Lewin

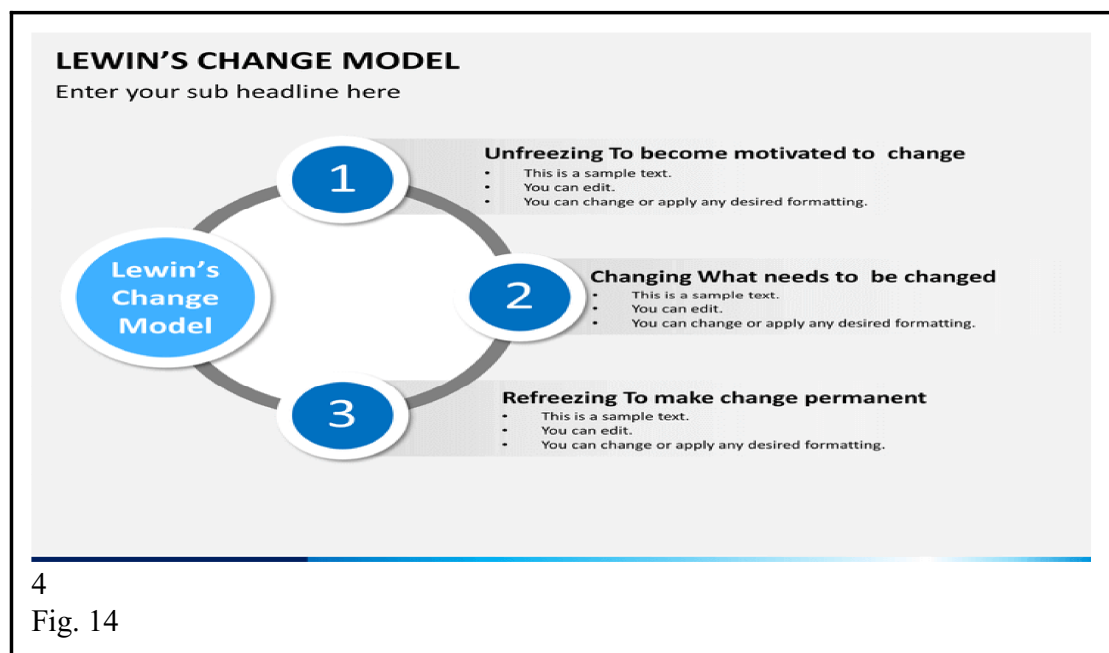


Figure 14. ("Lewin's Change Model", 2019/05/16/)

What is Lewin's Change Model

The words unfreeze, movement, and refreeze might sound more like a child's game than the foundation model for implementing change (Hussain, et al., 2018/09/01/).

These three words are salient. Unfreeze, change, and refreeze describe Kurt Lewin's simple three-step change model. Lewin's model combined with Kotter's and ADKAR may be more efficient. Because they combine the personnel attitude to change which is always a problem, the unfreezing of the structure, doing the change and refreezing which are phases of change and Kotter's infallible 8 steps ("Unfreeze, Change, Refreeze: Is This a Child's Game?", 2019/04/10/).

Lippitt



Figure 15. ("The Role of the Change Agent", 2019/05/16/)

An external agent is preeminent in Lippitt's theory of change. The agent has access to the organization structure to propose and effect the changes and has tasks to achieve in the transformation process. There are seven stages in this theory. This theory can be used in Plan B,C,D,E,F,G (“How to Apply Lippitts Theory of Change in Nursing | Synonym”, 2019/04/10/).

Step 1:

Diagnose the problem: Waiting time for initiating medical treatment

Step 2:

Assess motivation: Nursing staff for, pharmacy staff against, and portering.

Step 3:

A change agent is an individual responsible for championing the change process. Any qualified Personnel from another health service.

Step 4:

Write a plan to implement the change: Plan B C D E F G.

Step 5:

Determine the role of the change agent in each plan.

Step 6:

Maintain the change., the change project is monitored for progress. Communication flows in the network and data is updated on progress and tasks.

Step 7:

Terminate when external change agent tasks are completed, the changes are frozen when protocols, policies and regulations are documented in the case of this present problem a protocol for attending to a child with asthma admitted to an adult ward bypassing the normal admission procedure.

Meeting Hierarchies

Because of the structure in the organization, I might find the external agent in Lippitt's model to be part of the coalition. The Change Agent may attend all the meetings and put the plan forward with each meeting. And get it move up the meeting levels until it reaches those with the executive powers to order the implementation of the change and to write a protocol to make it permanent.

Every meeting has its own executive powers. There is a member in each committee meeting who takes the agenda to the next higher level committee meeting. In this structure problems that cannot be solved by this committee is taken to the next level until the committee with the required executive power dismiss the problem or enact a solution that lower level committee has proposed but cannot implement.

A Summary of Action Plan

- A. Enlist the work of a change agent to work with the committees.
- B. The Change agent addresses the different levels of the committee meetings.
- C. Present Plans A,B,C,D,E,F,G for them to make a choice.
- D. Show the arguments for and against these plans.
- E. Point to the negative image the waiting time cultivates.
- F. Indicate the urgency of the problem as suggested by Kotter.
- G. Use Monroe Motivated Sequence to persuade the personnel and leadership.
- H. Use Kotter 8 steps as global safety in the transformation process.
- I. Use ADKAR to support the people.
- J. Move the change process by removing barriers
- K. Emphasize the need to implement urgently the simplest plan A as a first move to improving change.

Using John's Model of Reflection

In the Burford Nursing Development Unit Chris John originated his model of Reflection in the 1990's ("Example 3 - Johns' model for structured reflection | Models for structuring reflection | Skills for Learning Preview", 2019/05/11/). The framework uses five main questions with sub questions.

1. Description of experience

It was an exciting experience full of apprehension at first. It was challenging. I was planning to make a change to a large organization. But the impact of the change is restricted to some people only.

I was on duty as a new staff nurse on an adult ward. I was not aware that some patients are admitted directly to the ward. It was the worst experience I had. A child with asthma was admitted. It took such a long time to just get the medication to mitigate the suffering of the child, parent, relative, staff and myself. There was nothing I could do to speed up the process and it was awful to get the medication out of the system. It was like intestinal intussusception.

There are many threads that weaved the experience such as the need to apply managing skills, motivation, leadership skills, in a large Clinic (see details in appendix 4 page 53). Such as, the small time each step takes to obtain the medication adds up. Such as, the problem every person involved in each stage had to face.

A child with asthma was admitted to an adult ward not following the normal admission procedure resulting in much longer waiting time for the treatment to be initiated. The child, the parent, the relative and the nurse were stressed by the very long procedure.

2. Reflection

I was trying to resolve a problem that might and would likely recur. To reduce the waiting time for a child with breathing problems. I was ethically, professionally bound to intervene to make this change. A change for better service. I did gain some wisdom in the process. I was

satisfied that I and my colleagues would not have to put a patient, the family and relative to a long wait. There was some satisfaction to be gained by the people I work with. They recognized that we are helping and advocating for the patient. I did not feel very good about the problem when it was happening. The patient did not feel any good either. Neither did any other staff.

3. Influencing factors

A desire to see a change for the better influenced my actions. External factors such as health market, organization image drive the desire for improvement.

4. Could I have dealt with the situation otherwise?

I could have sent the patient to the Intensive Care Unit. How would the ICU manage this problem? It is not an ICU problem? It is a medical problem that needs medical attention on a medical pediatric ward. I could have asked the relative to buy the medication at the pharmacy on the ground floor. the relative would then need a prescription to do that. Who is going to write a prescription for the relative?

5. Learning

I felt good, unwelcome, disapproved, stupid, not good, ambivalent, not successful, I could not meet this child medical needs promptly. As a nurse I was ashamed. There was plenty of reassurances but no relief. Alleviation was required. The organizational system is also sick. It is not entertaining to watch a child suffering because of a dysfunctional system. I made some sense of the experience.

Indeed, I have made some sense of the experience. For example, I had very little know-how for integrating evidence in nursing practice, for improving the internal structure of an organization.

The experience has changed the way I see the procedures of the organization and the need to check where it fails to meet the basic requirements of care. To identify a problem, to isolate the

variables contributing to it, to brainstorm a few solutions and to choose an appropriate and effective one that will work within that context.

The experience has taught me a few hard earned lessons on making changes within an organization. That there is a need to review regularly the system and think of scenario where there is a need to meet future similar or dissimilar problems. To be objective, quantitative, pragmatic and realist.

It is morally wrong for a child to wait for treatment because of management, organization, and enterprise system inadequacies. They are imperfect, need maintenance, need innovation and need upgrading and alignment. Personally I needed greater competency and confidence to meet challenging problems (“Johns Model of Structured Reflection”, 2019/04/10/).

A Reflective Practice Model

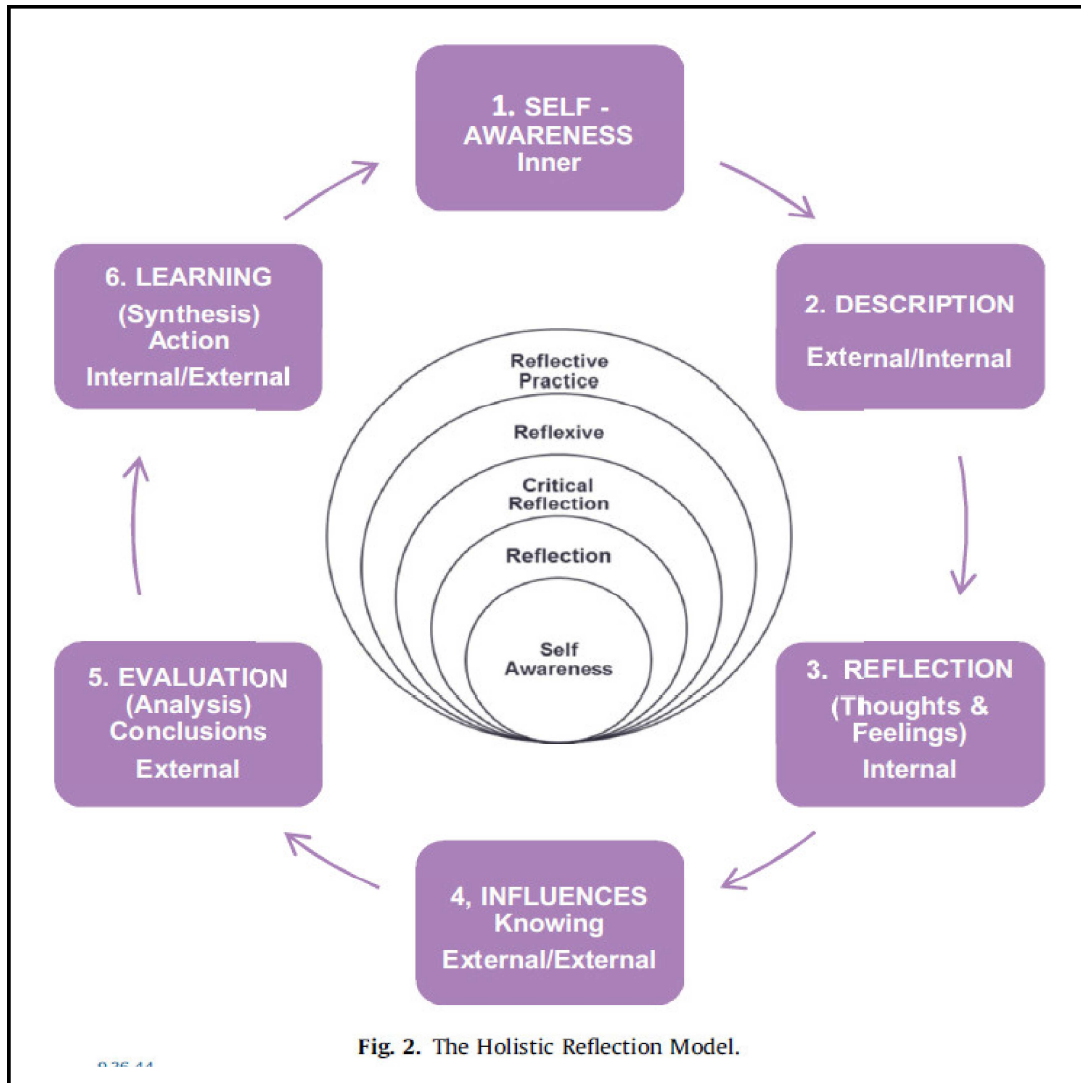


Figure 16. (Campus), 2019/05/16/)

Conclusion

I identified a problem in my area of clinical practice, a medical surgical unit. And I tried to be a realist, a pragmatist and a logician in my approach to this dissertation, to finding a solution to a very common problem - waiting time.

I used Monroe sequence as a means to persuade the people in the organization to work on a change (“Monroe’s Motivated Sequence - Overview, Steps”, 2019/05/06/).

The sequence is as follows:

a) The Attention - get attention to the problem of a child with asthma waiting endlessly for relief.

b) The Need - make the problem a need for the organization to be concerned with. It is aligned with the organization values. I found this alignment by using McKinsey 7s.

c) The Satisfaction - show that solving the problem provides a satisfaction. It meets the quality assurance, professionalism and marketing strategy of the organization.

d) The Visualization - define the solution in obvious visual pathways by using swim lanes to follow the processes involved in solving the problem.

e) The Action - take the necessary actions to implement the solution by creating a work breakdown structure WBS using Microsoft Project Management to plan the details.

The final step of the problem solving is to have a protocol written for this specific situation. So that it becomes part of the organization documentation.

Limitations:

This solution is for a child with asthma on an adult ward. And no more. The solution is limited to only one case. Why should all this change be done for only one case though?

Recommendations:

1. Use a protocol. Before patient obtains an ID the nurse to phone pharmacy to order medication under protocol 66 (see page 25).
2. Pharmacy to dispense under this protocol, to class as urgent delivery. Pharmacy to call Portering department for transport.
3. Portering service to follow protocol to deliver medicine priority one.
4. Nurse to confirm receipt of correct medication with pharmacy.
5. Nurse to administer medication as prescribed after confirming with pharmacy.
6. Finance officer to check use of protocol 66 before issuing clearance.

I believe in positivism, not pessimism and I trust that in my work I shall bring relief to those suffering and not to leave a patient in pain.

Appendix 1

Action Plan

- a) The pharmacy to deliver medications according to a protocol.

Protocol 66 is about a child admitted on an adult ward bypassing the admission procedure with asthma not requiring intensive care but need medication for immediate start of treatment.

The nurse phones in with the list of medical supplies. The pharmacy calls the portering department to dispatch medication soon after receiving call the nurse acknowledges receipt of correct medication to the pharmacy. A Phone order to the pharmacy Supplies dispatch to reach the patient within 20 minutes This applies only to the case of a child with asthma and no other.

- b) A stock of medication on ward serviced by pharmacy technician. Equip the ward with a small pharmacy and staff that handle a subset of the larger pharmacy providing supplies and medication directly to the patient medicine locker.

- c) A small pharmacy for 2 levels altogether

- d) A ward stock under the responsibility of the pharmacy for resupplies and maintenance

- e) Upgrade the Portering service (“Five benefits a modern E-Portering solution can bring to your hospital - Radio”, 2017/07/10/). Plan D - A small pharmacy at every 2 levels. Install ePortering to allow a more efficient use of the portering service so that medicine packages can be traced and an estimate of delivery time known (“IBeacon based e-Portering, Porter Tracking System, Porter Management Solution”, 2019/05/08/)

- f) Install electronic tagging. Electronic tagging can show where the medication is during transit and the shortest route to pick it up (Holmes, 2017/08/14/)

- g) Buy Tug to allow the staff to focus on patient care

Table 8

Putting a vote to the plans so that we have a democratic choice.

Total	100%		Rank
Plan A			
The pharmacy to deliver medicine according to a protocol	25		1
Plan B			
A stock of medication on ward serviced by pharmacy technician.	21		2
Plan C			
A small pharmacy for 2 levels altogether.	20		3
Plan D			
A ward stock under the responsibility of the pharmacy for resupplies and maintenance.	14		4
Plan E			
Upgrade the Porterage service		7	7
Plan F			
Install electronic tagging. Electronic tagging can show where the medication is during transit and the shortest route to pick it up.	12		5
Plan G			
Buy Tug to allow the staff to focus on patient care	10		6

Plan A is cheaper to implement, requires no maintenance, works only when there is a child with asthma on adult ward and is not required in any other circumstance. This is what the patient needs. It achieve a 25 % vote by the staff and ranked 1st.

Appendix 2

Appendix 2 Bibliography Critique Appraisal

Table 9

Short Work Title	Author	Publisher	Year	Methodology	Findings	Critical Appraisal
Five benefits a modern E-Portering solution can bring to a Clinic - Radio			2017/07/10/			
Research Databases EBSCO			2019/05/06/			This is very popular database
Waiting for Godot Summary - eNotes.com			2018/10/17/			It is very long long wait
15 Steps to Good Research Georgetown University Library			2019/05/06/			Relevant Ideas about research steps

Table 10

Short Work Title	Author	Publisher	Year	Methodology	Findings	Critical Appraisal
	F. Cragan, John; W. Wright, David		1980/09/01			
I owe my great talent pool to a tip from Steve Jobs: CEO	Aytekın Tank, Founder and Ceo of Jotform	CNBC	2016/09/27/			That is a pertinent comment on the laissez faire style
Monroe's Motivated Sequence - Overview, Steps			2019/05/06/			These sequence enable clear focus on achieving goals set
Report: Wait and travel times for patients aren't improving; cost U.S. \$89B annually			2019/05/04/			This literature is relevant to the paper

Table 11

Short Work Title	Author	Publisher	Year	Methodology	Findings	Critical Appraisal
EBSCOhost Login			2019/05/04/			Relevant to literature search
Google Scholar			2019/05/04/			Relevant to literature review
Home - PubMed - NCBI			2019/05/02/			Databases for evidence
OHP-003 Drug shortages in hospital pharmacy: the causes and the consequences Paper Microsoft Academic			2019/05/02/			

Table 12

Short Work Title	Author	Publisher	Year	Methodology	Findings	Critical Appraisal
A Detailed SWOT Analysis Example (Applicable To All Industries)			2018/05/02/			
Impact of a Clinic Pharmacy Technician Facilitated Medication Delivery System	Seat on, Suzette M.; Adams, Rodney C.	John Wiley & Sons, Ltd	2010/09/01/			Literature to the thesis of the dissertation
Nursing and Pharmacy Team Up to Improve Medication Delivery Process			2017/05/23/			Team up to get multiple inputs to a problem
Robot Delivers Hospital Pharmacy's Drugs to Nurses			2019/04/11/			Technology enhances work but can put people out of job

Table 13

Short Work Title	Author	Publisher	Year	Methodology	Findings	Critical Appraisal
How to Apply Lippitt Theory of Change in Nursing Synonym			2019/04/10/			Lippitt theory would be ok for introducing TUG and Plan A B C
How to improve patient wait times in a practice			2017/04/25/			This literature is appropriate for the dissertation
The Prosci ADKAR Model	Inc., Prosci		2019/04/11/			might be useful in this dissertation depending on the plan, but not for Plan A is relevant to this dissertaion
Unfreeze, Change, Refreeze: Is This a Child's Game?			2019/04/10/			Kotter is a change model it would be ok for Plan C

Table 14

Short Work Title	Author	Publisher	Year	Methodology	Findings	Critical Appraisal
Analyzing Organizational Structure based on 7s Model of McKinsey	Ravanfar, Mohammad Mehdi			descriptive		Useful to approach a general overview of the clinic. The 7s method offers the possibility of viewing that company from 7 angles. So that an objective alignment can be maintained
Autocratic Leadership	Cherry, Kendra	Verywell mind	2019/03/15/	descriptive	a description of autocracy	Autocratic leadership might be useful in a situation but there are other ways of running the affairs of a company often better.
Laissez Faire Leadership Guide: Definition, Qualities, Pros & Cons, Example			2017/12/29/			As Steve Job says hire brilliant mind but do not tell them what to do, it will defeat the objective of hiring brilliant mind.
The Democratic Leadership Style			2019/04/09/	descriptive	define democratic style	Democratic principles is the hallmark of a civilized society. But often it fails to work.

Table 15

Short Work Title	Author	Publisher	Year	Methodology	Findings	Critical Appraisal
How do I do a literature search? Library Services Open University			2019/04/10/	descriptive		A clear explanation of literature search
Johns Model of Structured Reflection			2019/04/10/	exploratory		John Model is a detailed model for reflective practice
The 8-Step Process for Leading Change - Kotter			2019/04/10/			It is a well cited and used model for leading change
What is a literature review?			2019/04/09/			This literature elucidate literature review objectives and methodology

Appendix 4 Description of Layout of Clinic

- 1) Five Floors Clinic
- 2) Ground floor with pharmacy, Admission office, A& E
- 3) First floor with units, OT
- 4) Second floor with pediatric ward
- 5) Third floor with wards
- 5) Fourth floor with Adult medical surgical ward

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